

URINALYSIS OBSERVER BRIEF

Your responsibilities as urinalysis observer are set forth in OPNAVINST 5350.4D and re-emphasized as follows to ensure every urinalysis sample is provided under the direct observation of a member of the same gender and to maximize uniformity and effectiveness of the collection procedures for urine specimens.

1. Observer shall:

a. Never lose sight of the sample bottle once the member takes possession of his/her bottle.

b. Never take possession of the sample bottle at any time.

(1) If you in any way come in contact with the bottle or its contents, you will **immediately** return and notify the coordinator.

(2) Ensure the member provides a minimum of 45ml but not to exceed 60ml, if over 60ml have member pour some out to obtain the proper amount.

(3) The observer shall have the member remove jackets, covers, smocks, and lab coats before testing.

(4) If a member fails to provide a full sample, the observer shall have the member place the cap on the bottle and return to the coordinator.
Do not empty the urine from the bottle!

c. Directly observe the urine leave the body and enter the bottle.

(1) Male observers shall have the member stand at a 90 degree angle so that the observer can visually observe the urine leaving the body and entering the bottle.

(2) Female observers shall stand at such an angle to provide an unobstructed view enabling the observer to view the urine leaving the body and entering the cup. **Note.** Female observers must observe female member transferring urine from wide-mouth bottle into the standard urine sample bottle.

If any abnormal conditions exist for any reason, stop the testing procedures and return the member to the coordinator without delay, inform the coordinator of any and all abnormal conditions. **Note.** This qualification shall remain in effect until terminated by coordinator or member transfers. Observers shall re-qualify every six months.

I _____ understand that failure to comply with the instruction provided will result in disciplinary action.

Is this a re-qualification? Yes: ___ No: ___ Date completed: _____

(Signature of Designated Observer)

(Signature of Command Urinalysis Coordinator)